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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22631

Registration District No. 735 Primary Registration District No. 2034 Registrar's No. 138 State File No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution:  
539 W. Coates  
(d) Length of stay: In hospital or institution no.  
In this community nineteen years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(d) Street No. 539 W. Coates  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NANCY ELIZABETH ROBERTS  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife J. F. Roberts 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased Feb-22-1858

8. AGE: Years 82 Months 4 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Howard Co Missouri

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
12. Name George Fern  
13. Birthplace Howard Co Missouri  
14. Maiden name Mrs. Averis  
15. Birthplace Howard Co. Missouri

16. (a) Informant J. F. Roberts  
(b) Address 539 W. Coates Moberly Mo

17. (a) Cremation (b) Date thereof July-17-1940  
(c) Place: burial or cremation New Hope Howard Co Mo.

18. (a) Signature of funeral director How Funeral Home  
(b) Address Moberly Mo.  
19. (a) July 2, 1940 (b) W. D. Butler  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 12 year 1940 hour 05 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 27 1940 to July 12 1940  
that I last saw her alive on July 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure Duration \_\_\_\_\_  
Due to Chronic Myocarditis  
Due to Cerebral Hemorrhage  
Other conditions Hypertension  
Atherosclerosis  
Major findings: Of operations \_\_\_\_\_ Of autopsy 43 C  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
9 25 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of Injury \_\_\_\_\_  
23. Signature W. D. Butler (a) or other) 3  
Address How Funeral Home Date signed 7-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Merberly Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**